



Tour: Cruising Ecuador's Galapagos Islands Departure Date: October 15, 2018

Group Name: Carson City Chamber of Commerce Group Number: 1173396

For reservations contact: Carson City Chamber of Commerce Travel Club Deposit Amount: \$ 400.00pp  
775-882-1565 Travel Protection Plan: \$ 429.00pp  
director@carsoncitychamber.com Total Amount enclosed: \$ \_\_\_\_\_  
Final payment due by: July 14, 2018

Payment Information

Make checks payable to: Mayflower Tours Single  Twin  \*Guaranteed Share  
Payment Information: Lower Deck  Main Deck  \* Lower Deck Only  
mail deposit & final payment to \_\_\_\_\_  
Carson City Chamber of Commerce  
1900 S Carson St  
Carson City NV 89701  
CC# \_\_\_\_\_ Exp. \_\_\_\_\_ Requested Cabin # \_\_\_\_\_  
We will make every effort to accommodate your preference of cabin category. All cabins are on a first come first serve basis.

Your Information

IMPORTANT: Please Print Your Name EXACTLY As it Appears on Your Government Issued Travel Documentation (passport)

Salutation: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_  
City, State, Country of Birth: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_  
City, State, Country of Issuance: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Rooming With

Salutation: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_  
City, State, Country of Birth: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_  
City, State, Country of Issuance: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Please advise your departure airport for this tour: \_\_\_\_\_